

2020-2021 BEARDEN H.S. BAND MEDICAL & RELEASE FORM – Part 1



STUDENT INFO	Name - First	Middle	Last			
	Nickname	Grade (circle) 9 10 11 12		Adult T-Shirt Size (circle one)		
		Gender (circle) Male Female		SM	MED	LG XL 2XL 3XL
	Instrument - Marching	Instrument – Concert / Symphonic		Home Phone		Student's Cell Phone
	Marching - Other <input type="checkbox"/> Percussion- Front Ensemble <input type="checkbox"/> Drum Major <input type="checkbox"/> Majorette <input type="checkbox"/> Color Guard				Student's Email Address	
Mailing Address			City / Zip		Grade 9 10 11 12	Adult T-Shirt Size (circle one)
					Gender Male Female	SM MED LG XL 2XL 3XL

PARENT/GUARDIAN INFO	Mother/guardian name		Home Phone		Father/guardian name		Home Phone	
	Mailing Address (if different than student)		Cell Phone		Mailing Address (if different than student)		Cell Phone	
	Occupation		Work Phone		Occupation		Work Phone	
	Mother's Email Address (we cannot send emails to student accounts)				Father's Email Address (we cannot send emails to student accounts)			
	Other Contact		Relationship to Student		Home Phone		Cell Phone	Work Phone
	Other Contact		Relationship to Student		Home Phone		Cell Phone	Work Phone

MEDICAL INFO – DIRECTORS ONLY	In case of an emergency contact the following first: __ Mother/guardian __ Father/guardian							
	Does your child have any Food / Drug allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the section on Part 2 under Medical Information.							
	List any medication your child takes on a regular basis (prescription, non-prescription, or none).							
	Chronic Health Problems / Concerns:							
Other comments:								

TRAVEL RELEASE	I give permission for my child _____ to travel with the Bearden High School Band during the current school year on school busses and/or coach buses for the purpose of participating in the band's various required activities, including but not limited to football games, concerts, competitions, etc.							
	Signature of Parent/Guardian _____				Date _____			

DIRECTORY & PHOTO RELEASE	I give permission to include my child's picture, video images, and/or name on the Bearden High School Band website at www.beardenband.com , and newspaper articles, or in any Band Video CD/DVD created for the current school year. I understand that my child's picture and/or name will only appear in connection with band activities such as, but not limited to pictures from band camp, marching events, annual car wash, concerts, award recognitions, fund raising events, etc. As a non-profit organization, we are unable to pay individuals for use of their photographs or video images. In addition, a directory of student/parent information will be compiled and distributed to facilitate communications between parents and various committee chairpersons. The directory will contain student and parent names, home telephone number, address, student grade level, and parent email address.							
	Signature of Parent/Guardian _____				Date _____			

PRIVACY NOTICE	In order to appropriately care for your child, selected medical information needs to be made available to chaperones via the Chaperone Chairperson(s). Part 1 and Part 2 of the BHS Band Medical & Release Form AND the Knox County Schools – Medical Release form will be carried to all band activities with the directors and will be considered confidential information and will be divulged only on a need-to-know basis. Part 2 of the BSH Band Medical & Release Form will be copied and placed in a binder that will be carried with the head chaperone to all band activities. If you have any questions or concerns, please Mrs. Christian or Mr. Wilson via email.							
	I have read and understand the Privacy Notice. Signature of Parent/Guardian _____ Date _____							

The **BAND MEDICAL & RELEASE FORM, PART 1 AND PART 2 ARE REQUIRED THE FIRST DAY OF BAND CAMP.** THE KNOX COUNTY - MEDICAL RELEASE FORM (NOTARIZED) **MUST BE TURNED IN TO THE BAND OFFICE BEFORE YOU ARE ALLOWED TO TRAVEL OFF-CAMPUS FOR ANY BAND ACTIVITY.**

2020-2021 BEARDEN H.S. BAND MEDICAL & RELEASE FORM – Part 2



STUDENT / CONTACT INFORMATION

Name - First		Middle	Last
Nickname		Grade (circle) 9 10 11 12	Gender (circle) Male Female
Instrument - Marching	Instrument – Concert / Symphonic	Marching - Other <input type="checkbox"/> Percussion- Front Ensemble <input type="checkbox"/> Drum Major <input type="checkbox"/> Majorette <input type="checkbox"/> Color Guard	

PLEASE PROVIDE NAME FOR A CHAPERONE TO CALL IF THEY HAVE A QUESTION ABOUT ADMINISTERING MINOR MEDICAL TREATMENT

1 st Contact – Name	Relationship to Student	Cell Phone	Home Phone
2 nd Contact – Name	Relationship to Student	Cell Phone	Home Phone
3 rd Contact – Name	Relationship to Student	Cell Phone	Home Phone
4 th Contact – Name	Relationship to Student	Cell Phone	Home Phone

MEDICAL INFORMATION

I hereby give my permission for my child _____ to be administered or assisted in the self-administration of the medication listed below by authorized persons in the treatment of a non-emergency medical nature. This includes both at school and off-campus activities. This would include administering medication such as:

Please check **Yes** or **No** for each item & sign below.

MEDICATION	YES	NO
Neosporin / First Aid Cream		
General First Aid treatment (Bandages, Contact Solutions, etc.)		

MEDICATION ADMINISTERED – TO BE COMPLETED BY CHAPERONE/ PERSON GIVING TREATMENT			
DATE	MEDICATION	AMOUNT	INITIALS

NOTE: The BHS Directors or assisting parents will not administer over-the-counter medications.

Signature of Parent/Guardian _____ Date _____
 Please initial at the end of this line - **ONLY** if you want to be contacted if ANY non-emergency medical treatment is administered to your child. _____
 (initials)

List any drug allergy: _____

List any food allergy: _____

List any past / current medical condition that your child has that the directors/chaperones should be aware of (use back side if necessary): _____

List any medication your child takes on a regular basis. _____

*****SPECIAL NEEDS ****** See the **Knox County Policy** regarding medications. If your child needs to have special medication available at all events (i.e. – EpiPen, asthma inhaler, diabetic supplies) please indicate below. Medications should be labeled with child's name, accompanied by the appropriate Knox County forms, and given to the band director or head chaperone to carry.

EpiPen
 Inhaler
 Glucose Tablets
 Other-specify _____

In the event I cannot be reached in an emergency, I hereby give my permission to Mrs. Megan Christian, Mr. James Wilson, and Chaperones (in the absence of a band director) to secure proper medical treatment for my child _____.

A copy of the Knox County Schools – Medical Release form is on file with medical treatment authorization.

Signature of Parent/Guardian _____ Dated _____